

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/539156							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/			51						
2		/		/			52						
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44							94						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓	↓	TOTAL IND.			↓		↓	
TOTAL DEP.	13	←	←	←	←	←	TOTAL DEP.			←	←	←	
TOTAL CLAIMS	14						TOTAL CLAIMS						